

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 27 1932

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

28346

1. PLACE OF DEATH  
113 County North Registration District No. 1057  
Township Green Primary Registration District No. 6214  
City North (No. 9) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charles M. Adams  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Rachel L. Adams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1852

7. AGE YEARS 80 MONTHS 4 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams, Missouri

13. NAME Joseph Adams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Sarah White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Mo.

17. INFORMANT (ADDRESS) Rachel L. Adams, 2245 N. 1st St., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Offord Cemetery DATE 8/5/32

19. UNDERTAKER (ADDRESS) Arch C. Dumble, 1215 N. 1st St., St. Louis, Mo.

20. FILED Aug 10, 1932 R. M. Buck Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to Aug 3, 1932  
I last saw him alive on Aug 3, 1932 Death is said to have occurred on the date stated above, at 8:40 a.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma Liver  
46E 466  
92A 466  
Other contributory causes of importance:  
Mild degeneration

Name of operation Partial hepatectomy Date of \_\_\_\_\_  
What test confirmed Pathologic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place \_\_\_\_\_

Manner of injury 1  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) R. M. Buck M. D.  
(Address) Charlottesville, Va.

